

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041904

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 29 1962

53

3010

525

VS 300
Rev. 4/59

6168

21000

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4 0

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9201X

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123-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		Length of stay in 1b <i>1 mo.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>S.E. Mo Hosp</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <i>PAUL</i> Middle <i>BOYNTON</i> Last <i>SITTON</i>		4. DATE OF DEATH Month <i>Nov</i> Day <i>21</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>June 20, 1927</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Postal Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Post Office</i>	
11a. FATHER'S NAME <i>Ray Sifton</i>		11b. MOTHER'S MAIDEN NAME <i>Ethel Simmons</i>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>Yes WWII</i>		12b. SOCIAL SECURITY NO. <i>116-11-1111</i>	
13a. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular Standstill (Cardiac arrest)</i> DUE TO (b) <i>Hodgkins Disease</i> DUE TO (c) <i>Bronchiectasis</i>		13b. NAME OF HUSBAND OR WIFE <i>Martha Hall Sifton</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Bronchiectasis</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>11:00</i> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>Mar. 26, 1956</i> to <i>Nov. 21, 1962</i> and last saw him live on <i>11-21-62</i> Death occurred at <i>1255 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Gordon M. Munnally, M.D.</i>		22b. ADDRESS <i>Cape Girardeau, Mo.</i>	
22c. DATE SIGNED <i>11-26-62</i>		22d. NAME OF CEMETERY OR CREMATOR <i>Memorial Park</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov 23, 1962</i>	
23c. LOCATION (City, town, or county) (State) <i>Cape Girardeau, Mo</i>		23d. DATE RECD. BY LOCAL REG. <i>11-26-62</i>	
24. FUNERAL DIRECTOR ADDRESS <i>BISSLINGHOFF FUNERAL HOME</i>		25. REGISTRAR'S SIGNATURE <i>James L. Astor</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 30 1962

JAN 29 1963
DEC 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illinois, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.